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Fourth Quarter 2011

N A T C O

in Touch

No. 4
Vol. 36

Plan to Attend NATCO's Symposium for Advanced Transplant Professionals

Rebecca Frizell, RN, BSN, CPTC, Organ Recovery Coordinator, Donor Alliance, Denver, CO and Symposium Program Co-Chair

If you were lucky enough to attend the 2011 Symposium for Advanced Transplant Professionals, you know it was a hit! There is more to come at the 2012 Symposium! The Symposium will open with a data-driven session defining how increased regulatory oversight has effected donation and transplantation practice. That session will be followed by a "hot topics" panel. The panelists will include transplant administrators and coordinators, procurement directors and transplant surgeons.

Friday afternoon and Saturday feature breakout sessions for transplant and procurement coordinators. Attendees also have the opportunity to attend sessions provided by the American Society of Transplant Surgeons (ASTS). Breakout sessions include the following:

Procurement Track

- Hands-on Donor Management Training with SimMan®
- Bronchoscopy Simulation
- Using CT Scan & Chest X-Rays to Guide Lung Donor Management
- Turning a Heart from Non-Transplantable to Transplantable
- Pressure Control Vs. Volume Control in Lung Donor Management Debate
- Disseminated Intravascular Coagulopathy (DIC)
- Pediatric Donor Management: Declaring Kids on ECMO
- Redirecting Registered Donor Families from "No WAY!" to "OKAY!"

- Updated DCD Lung Recovery & Outcomes
- Ex-Vivo Lung Perfusion: Where Are We Now?

Transplant Track

- Technology for the Transplant Professional
- Quality Assurance & Performance Improvement
- Innovations in Patient Education & Communication
- Disparities in Transplantation
- Psychosocial Challenges in Transplant
- Optimal Staffing in a Transplant Program
- Progress in Transplant Pharmacology
- Infectious Diseases: What's Bugging You?
- Post-Transplant Adherence
- Critical Innovations: Kidney Exchange & Incompatible Transplantation

To end the day on Saturday, Linda Ohler will be providing a research workshop that is attendee-focused. Participants are asked to bring their research questions, ideas or partially completed research projects (due to writer's block or road blocks!). We hope to provide one-on-one help to get these research projects off the ground!



The 4th Quarter issue of In Touch is sponsored by nPOD.

nPOD
Network for Pancreatic Organ Donors with Diabetes

continued on page 5



President's Words

By Tracy Evans-Walker, NATCO President



It is amazing how time flies! It seems like yesterday that I was in San Francisco enjoying the Annual Meeting. I realize that NATCO has been busy with many activities since August. Here is a brief update on some of those activities.

The NATCO Board of Directors, Executive Staff and guests participated in a two-day Strategic Planning Session during the first weekend of November. During the session we realigned our strategic goals to meet our updated vision and mission. I will give you more information about the outcome of the strategic planning meeting in future newsletters.

NATCO has joined ASTS, AST, AOPO and UNOS in responding to the Public Health Service Guideline for Reducing Transmission of Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV) and Hepatitis C Virus (HCV) through Solid Organ Transplantation. The transplant societies and UNOS voiced their concerns about the proposed guideline update because of the potential negative impact it will have on donation and transplantation.

The NATCO Website Redesign Workgroup is working on the final phase of the website redesign project. We will have the new website up and running very soon. The release of the electronic version of *Progress in Transplantation* is planned for the first quarter of 2012. Also, the Online Education Workgroup is planning new webinars for 2012. If you have suggestions for topics that you would like NATCO to cover, please send them to me at President@natco1.org or NATCO's Education Director, Christie Ross, at cross@goAMP.com, and we will pass them on to the workgroup.

The NATCO Symposium for Advanced Transplant Professionals will be held in conjunction with the ASTS State of the Art Winter Symposium at the Loews Miami Beach Hotel in Miami, Florida, January 13-15, 2012. The Symposium Program Chairs have put together a strong program this year. Attendees can earn 19.25 Category 1 CEPTCS; NATCO has also applied for continuing education credit for nurses and nurse practitioners. You can find the Symposium brochure on the NATCO website. Please join me in Miami to learn from and network with other transplant professionals and surgeons from across the country.

The proposed bylaws changes were sent out to the NATCO membership for comment and the responses to comments were posted. The vote for the proposed bylaws changes will be December 19, 2011 – January 9, 2012.

NATCO is a strong organization because of the contributions of our members and volunteers! I am looking forward to the New Year because some of the big projects we have been working on will come to fruition and new projects will begin. I want to thank all of the workgroup, committee and task force volunteers for the invaluable work and time they have committed to NATCO projects this year.

Have a safe and happy New Year! ●



in Touch

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Please submit all future articles or items by e-mail to the NATCO Executive Office.

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Subject: NATCO *In Touch* Newsletter Item

COPY DEADLINE

1st Quarter 2012
February 15, 2012

Donate Life America Reaches Significant Milestone



donatelifenet

100 Million Registered Organ, Eye and Tissue Donors as of October 11, 2011

By Melissa Devenney, Donate Life America

Donate Life America (DLA), through its Donor Designation Collaborative (DDC), recently reached a key goal set by the donation and transplant community in 2006. The United States can now boast there are 100 million Americans – roughly 42% of the adult population – who are now registered as organ, eye and tissue donors in their respective state donor registries.

In 2006, DLA launched the DDC as a nationwide effort to improve organ, eye and tissue donation rates. An initial tactic for achieving the DDC’s goals was ensuring that each state had an effective system for allowing individuals to legally designate themselves as donors. Since the DDC’s launch, there has been a 45% increase in the number of designated donors in the United States.

Continued growth in the number of registered donors is vital because the need for transplants continues to rise. As of October 11, 2011, more than 112,000 people were currently waiting for lifesaving organ transplants. Thousands more await tissue transplants to resume their normal lives. Last year, more than 28,000 people received organ transplants, more than 40,000 received corneal transplants and hundreds of thousands received tissue transplants, yet 6,590 died while waiting for an organ transplant that did not come.

“At a time when we as a nation have difficulty finding common ground on many important issues, 100 million people have agreed on their desire to save lives by registering as donors. They are the hope for all of the men, women and children in need of lifesaving transplants today. For that, we say thank you,” says David Fleming, president and CEO of DLA. “While this achievement speaks volumes about the generosity of human beings, more work needs to be done to motivate Americans to register and save the lives of those in need.”

On average, nearly 8 million people join a state donor registry each year; a majority (97%) joins through state departments of motor vehicles (DMVs). Therefore, DLA has worked to build strong relationships with many DMV officials throughout the nation to encourage education and training of their staff to help them better advocate for organ, eye and tissue donation.

“We are developing strategies to overcome the obstacles presented by maturing registries and we are not deterred by the challenges ahead,” says DLA Chairperson Helen W. Bottenfield. “Our primary goal is to preserve human life and improve the quality of life for those in need of organ, corneal and tissue transplants. We will remain focused and find creative ways to reach, educate and motivate those who have not yet registered as donors.”

The presence and influence of NATCO members in donor hospitals and transplant centers can have a dramatic effect on increasing the number of registered donors in their service area. DLA encourages all members of the donation and transplant community to maximize each opportunity to register new donors. For more information on the achievement of 100 million registered donors and tools for registering new donors, visit www.donatelifenet or www.dlamembers.net.

Donate Life Virginia Holds First Statewide Transplant Games

2011 Virginia Transplant Games

By Andrew S. Mullins, MBA, FACHE, CPTC
 Director, Hospital Development & Community Education
 LifeNet Health
 Executive Committee, Donate Life Virginia

On October 1, 2011, in Richmond, Virginia, organ, eye, tissue and bone marrow transplant recipients and living organ donors from across Virginia and the United States converged in the Richmond area to compete in the first-ever Donate Life Virginia Transplant Games. The games, a series of Olympics-style athletic events in which these transplant recipients and living donors competed, brought together not only recipients, but also the family members of deceased donors. The purpose of the games was to illustrate how donation works by showcasing the strength and passion these recipients and living donors possess. The games were an opportunity for recipients to thank the deceased donors and their families—without whose gifts many of the recipients would not be alive.

Among the special guests who attended were Virginia First Lady Maureen McDonnell and Brad Ellis, cast member of “Glee,” the hit Fox television show. McDonnell’s sister received a life-saving double-lung transplant and Ellis is the recipient of a heart transplant. The first lady of Virginia spoke during the opening ceremony, while Ellis performed during the closing ceremonies. During the closing ceremony, Ellis performed Randy Newman’s “Feels Like Home” along with Clover Hill High School Show Choir, New Dimensions.

Among the various athletic events that took place as part of the games were various running events, basketball, softball throw, discus, shot-put, 5K run, bowling, swimming and table tennis.



Brad Ellis and Andrew Mullins.



Brad Ellis and New Dimensions.

Wisconsin's Version of "Dancing with the Stars" Benefits Kidney Transplantation Efforts

By Julie Kosobucki, UW Hospital and Clinics

Wisconsin's version of "Dancing with the Stars" is returning for its second year. Sponsored by The National Kidney Foundation of Wisconsin, more than 300 people are expected for the event, where leaders from each of Wisconsin's transplant centers will be featured as "celebrity" dancers, paired with professionals from Fred Astaire Dance Studios. The dancers' performances will pay tribute to the second chances that are made possible through organ donation and transplantation.

Dr. Anthony D'Alessandro, medical director of the UW Health Organ Procurement Organization (OPO) and second place finalist from last year's gala, will perform a special spotlight dance with Ali Wandschneider, whom he performed a transplant 10 years ago just before her third birthday. Now age 12, Ali will proudly demonstrate the healthy and energetic lifestyle she has been fortunate to have following her transplant.

Also competing in this year's competition on behalf of UW Health are Jill Ellefson, executive director at the UW OPO, Jeff Poltawsky, vice president at American Family Children's Hospital and UW Health transplant surgeon Dr. Luis Fernandez. None of the dancers have previous experience, but they are all enjoying training for the competition.

Jill Ellefson's first dance lesson included discussion about her song and dance selection. "My first suggestion for a song elicited a huge smile from Bojan, my instructor and partner, and an



Jill Ellefson practices the Cha Cha Cha with her dance instructor, Bojan.

enthusiastic hi-five. That's when I decided this is going to be fun," she said. You can get more sneak peeks into her training via her blog: SuperAverageDancer.blogspot.com.

Proceeds from this special event to be held January 28, 2012, at the InterContinental Hotel in Milwaukee will be used to support donation and transplantation awareness efforts, the National Kidney Foundation U.S. Transplant Games® and the transplant recipients, living donors and donor family members who make up Team Wisconsin.

More information on the event is at www.spotlightonlife.org.

Plan to Attend NATCO's Symposium for Advanced Transplant Professionals

continued from page 1

We received comments in 2011 about allowing more time for general networking. We are providing two networking lunches on Friday and Saturday to meet that need!

Most of the comments on NATCO's meeting evaluations include requests for more case studies and real-life scenarios. The January Symposium offers an opportunity for attendees to share their experiences by submitting case scenarios for inclusion in the program. These sessions have created lots of discussion and interaction in the past, so we have kept them on the program for 2012! The Symposium will end with a combined session with ASTS that features case scenarios – "War Stories: The Most Challenging Problem I Ever Had & How I Solved It."

So... Is it worth attending in 2012? Who better to testify than those who attended in 2011?

- "I took away better donor management skills and how to apply more evidence-based practice. I really enjoyed learning other OPOs' methods on how to achieve better outcomes."
- "I really liked being able to meet other coordinators and surgeons in my field of practice, all of us sharing what we've learned as a group. I'd definitely recommend this conference to my co-workers!"

"When is the next conference?" you might ask. It's January 13-15, 2012, in MIAMI! Hope to see you there!



in the Spotlight:

Organ Recovery and Hospital Development Partnership:

A Strong Team Leads to Strong Outcomes in Arizona

Submitted by Tommy Frieson, CPTC, New York Organ Donor Network

A rizona is experiencing an incredible increase in donation in 2011, both in terms of number of organ donors and conversion rate. Through October, Donor Network of Arizona (DNAZ), the federally designated Organ Procurement Organization (OPO) serving the entire state of Arizona, recovered organs from 135 donors. This represents a 44% increase over the 94 donors through October 2010. In 2010, the OPO conversion rate was 67% compared to 79% through October 2011.

“This increase is due to a variety of initiatives that include the Hospital Development Team and the Organ Recovery Services Team,” said PJ Geraghty, director of Organ Recovery Services. The foundation is solid collaboration and leadership from the directors of both departments and a planning process and initiative implementation involving staff from both departments. Some key examples include:

Team Structure: The Hospital Development (HD) department is structured into three teams, each with a Lead Coordinator. Organ Recovery Coordinators (ORCs) as well as Donation and Family Advocates are each assigned to a team with responsibility for clinical education and support in the team’s assigned hospitals. These joint HD/ORC teams meet one time per month to review hospitals, plans and education.

Strategic Planning: As DNAZ began the strategic planning process for 2011, the Organ Recovery Services and HD teams participated in a planning meeting to focus on how to maximize conversion of potential donors in Arizona. In separate strategic planning meetings, teams reviewed all assigned hospitals with organ donation potential to set goals and responsibilities for achieving goals related to each hospital’s donor program.

Education: HD and Organ Recovery teams meet once per month for a joint meeting that includes education. Topics range from donor management goals, HD process improvement to presentations by research partners and transplant centers.

Data: Data related to progress toward goals are reviewed at the monthly education meetings. In 2011, there has been significant focus on measuring the potential for donation beyond the eligible definition. This measure includes potential donors older than age 71, DCD donors, patients who are likely brain dead as exhibited by loss of brain stem reflexes, but not declared brain dead before family decline and withdrawal, as well as patients who meet the criteria for multi-system organ failure who have at least one transplantable organ. “The measure of potential donor has increased the focus for hospital process improvement as well as for clinical response,” according to Sara Pace Jones, director of Donor Program Development at DNAZ. “In potential conversion rate, every case counts. We believe it has made a difference that has impacted overall conversion rate.”

Communication and Real Time Interaction: “The vision for great donor case interaction is that the hospital donor program coordinator gets in front of the case and knocks down barriers before the organ

recovery coordinator encounters them,” said Pace Jones. “This is not always possible, but it is the goal.” When the clinical coordinator does encounter a barrier, organ recovery advisors and staff are quick to call for HD support on cases as needed. In addition, twice-daily calls used to pass off call between clinical coordinators is an opportunity to communicate key process challenges as well as a good process that should be recognized.

Family Support: DNAZ has used consent staff since 2005. Known as Donation and Family Advocates (DFAs), these selfless individuals remain with the family from the time they are introduced to the time that the family leaves the hospital (often at the end of the case). From a variety of backgrounds, the DFAs have come together with the rest of the DNAZ staff to provide the best possible support for families experiencing their worst possible moments. The DFAs have developed a strong bond with the hospital development staff and clinical staff and their goal, according to Marcel Pincince, manager of Family and Advocate Services, is “to make sure that the family makes the right decision under unimaginable circumstances, that the decision is reflective of their beliefs and values and that it is the same decision they would have made a month earlier.”

Clinical Excellence: The organ recovery clinical staff is a dedicated group of nurses and paramedics with a combined total of more than 40 years’ experience in the field. They work closely with ICU nurses and intensivists to ensure that the potential donor is well-maintained in order to optimize the donation opportunity available. They strive to meet the region V donor management goals on every case and met an average of 6.1 out of 9 goals across 122 donors through September 2011. With the increase of donor activity this year, the organ recovery coordinators have transitioned to a 12-hour call schedule. This has enabled the organ recovery staff to remain fresh and decrease the fatigue among staff members. The administration at DNAZ has committed the extra FTEs and utilized traveler ORC organizations to ensure the 12-hour schedule remains implemented. The 12-hour schedule has also improved efficiency on cases and job satisfaction for the ORC team.

Leadership and Teamwork: At DNAZ, the mission of saving lives through transplant is at the heart of the leadership team. From the ORC and HD coordinator all the way to the CEO, each staff member is supported and dedicated to maximizing each donor’s gift. In addition to the ORC on every case, there is also an advisor on call available at all times to work through issues and concerns that arise during the donation process. No staff member is left isolated without support.

Partnership between DNAZ staff who facilitate the hospital donation process, as well as those who implement the donation process, is critical to the success of meeting the organization’s mission. In Arizona, the successful partnership between Organ Recovery and HD is producing lifesaving results. ●

WASHINGTON

sights



By Wade Delk, NATCO Director of Governmental Affairs, Washington, DC



This fall we have been focusing our attention on a particular piece of legislation that will be familiar to many of you – The Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act of 2011. The House version’s number is H.R. 2969 and the Senate version’s number is S.1454. The title and content are virtually the same. We, along with our friends on the Transplant Roundtable have been meeting with numerous Congressional offices to seek support for this. In early December, NATCO’s President, President-Elect, Immediate Past President, Journal Editor, Executive Director, and I met with five Senate offices. We requested that they become co-sponsors of this legislation.

When bills are introduced they are usually assigned to a Congressional subcommittee whose members then review it. In order for most bills to “move out of committee” they must receive a significant amount of support. This support most frequently comes in the form of legislator willing to sign-on as co-sponsors. This co-sponsorship shows the subcommittee that there is enough interest in this legislation that they can comfortably send it out of subcommittee to the full committee, and then again if support is there, to a vote of the full committee, and then to the full House and/or Senate. The Congressional staff members we met with were from the following offices:

- Senator Mike Lee (R-UT)
- Senator Sherrod Brown (D-OH)
- Senator Rob Portman (R-OH)
- Senator Richard Burr (R-NC)
- Senator Jerry Moran (R-KS)

We have been seeking passage of this legislation in one form or another for at least the past six years. We came close during the Healthcare Reform Bill but did not get there. In this 112th Congress we are making it our priority, and if it does not pass it will not be from lack of trying.

We continue to explain to the legislators that there is a cost benefit to Medicare for extending immunosuppressive coverage from three years to lifetime. Medicare spends approximately \$77,000 per year on a dialysis patient which is covered indefinitely. They spend an average of \$100,000 on a kidney transplant. But Medicare would only spend an average of \$18,000 on immunosuppressive medications per year for a patient if the legislation is passed.

The Comprehensive Immunosuppressive Drug coverage for Kidney Patients Act of 2011 is a cost-effective use of taxpayer’s dollars. It is far less expensive for Medicare to continue to cover the medications than for a patient to be on dialysis or the cost of another transplant when the first one fails. Not to mention the great importance of not wasting the donated organ simply because a recipient cannot afford to take their medications. Organ donation is the gift of life. It is up to everyone involved to make sure that everything that can be done to make it last as long as possible is in fact done.

Here is what you can do to help. Please contact your two Senators and your Congressman. Ask them to co-sponsor this bipartisan legislation. It is critical that they hear from you. Your voice as their constituent will get their attention, and hopefully will result in their support for this legislation.

SAVE THE DATE

On May 2 and 3 we will be holding Capitol Hill Advocacy Days in Washington, DC to advance the immunosuppressive legislation, and other issues of importance to us. Please consider coming. You will be responsible for your travel costs but we will prepare the briefing materials, give you a 101 on Congressional meetings, and even schedule the meetings for you. Please let me know if you are interested in attending. If you would like more information, please let me know.

You may remember that we gave our first Legislator of the Year Award to Congressman Joe Courtney (D-CT). The award was announced at our Annual Meeting but unfortunately the Congressman was unable to attend. On December 1 we presented him with the award in his Washington, DC office.

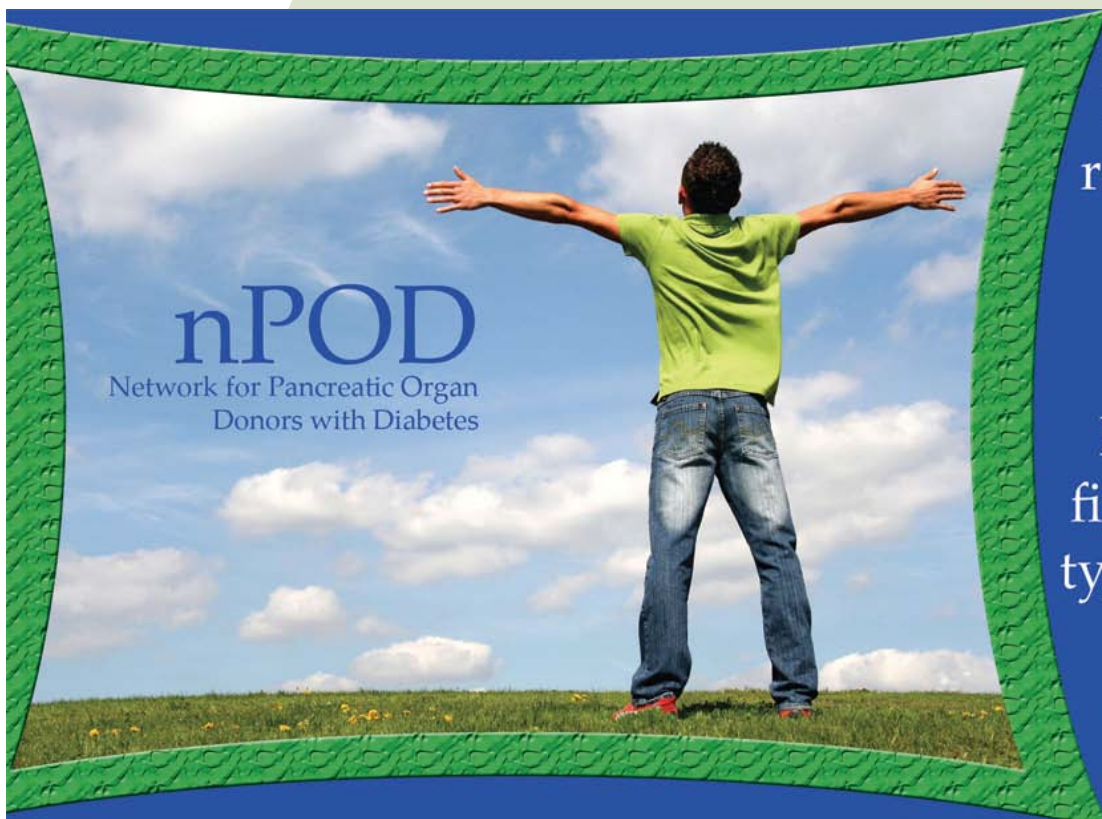
For more information on these issues or any others, please contact me at wdelk@goAMP.com or (202) 253-7862. ●



Pictured from left to right: Janene Dawson, NATCO Executive Director, Tracy Evans-Walker, NATCO President, Congressman Joe Courtney, Bill Hasskamp, NATCO Immediate Past President, Linda Ohler, NATCO Journal Editor.

Congratulations American Board for Transplant Certification (ABTC)!

Did you know that ABTC achieved accreditation? The National Commission for Certifying Agencies (NCCA) granted ABTC accreditation on July 19, 2011. [Click here](#) for more information.



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S TAY CONNECTED – MEMBERSHIP DIRECTORY

NATCO members have 24/7 online access to other members by name, specialty and location. Opportunities are provided for personal and professional networking among our members which allows them to find assistance when they need peer support. To visit the site, log into NATCO's members-only section and choose Membership Directory under Membership Services.

N ATCO WEBSITE USERNAME/ PASSWORD

NATCO recently performed an upgrade of the database system and new features are now available, such as creating your own NATCO website member logon and password.

1. Using your existing user name and password logon to NATCO website
2. Click on "Membership Services" then click on 'My Account,' go to the drop down box and click on 'ID & Password'
3. You can now modify the Logon and password. It is that easy! Contact the NATCO Executive Office if you have any difficulties.

What's



in store?

For information about the events listed below (unless otherwise indicated), or to submit calendar items for "What's in Store," contact the NATCO Executive Office by phone (913/895-4612), fax (913/895-4652), or e-mail (natco-info@goAMP.com).

August 12-15, 2012

NATCO 37th Annual Meeting
Grand Hyatt Washington, D.C.
Washington, D.C.

October 4-5, 2012

National Learning Congress 2012
Gaylord Texan
Grapevine, TX

For more information on any of these educational offerings, please contact the NATCO Executive Office at (913) 895-4612 or natco-info@goAMP.com.

NATCO'S

Mission:

To support, develop and advance the knowledge and practice of its members and to enhance the quality, effectiveness and integrity of donation and transplantation.

NATCO'S

Vision:

That there be a better quality of life for patients with end-stage organ and tissue failure ... and a respect for those who shared.

www.natco1.org



Bulletin Board



**NATCO Symposium
for Advanced
Transplant Professionals**

January 13-15, 2012
Loews Miami Beach Hotel
Miami, FL



SAVE THE DATE

NATCO 37TH ANNUAL MEETING

Learning from the Past,
ADVANCING THE FUTURE



August 12-15, 2012
Grand Hyatt Washington
Washington, DC



**NATCO
Introductory
Education Course**

June 14-18, 2012
Tempe Mission Palms Hotel
& Conference Center
Tempe, AZ



**NATCO Symposium for
Advanced Transplant
Professionals**

January 31 –
February 3, 2013
Loews Miami Beach Hotel
Miami, FL